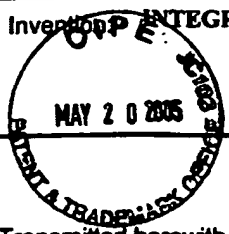




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Only

AMENDMENT TRANSMITTAL LETTER (Large Entity)				Docket No. BA-00570	
Applicant(s): Thomas J. McIntyre et al.					
Application No. 10/608,168	Filing Date June 26, 2003	Examiner Connelly Cushman, Michelle R.	Customer No. 22500	Group Art Unit 2874	Confirmation No. 8253
Invention: INTEGRATED PHOTONIC CIRCUITS WITH VERTICAL CONNECTIONS					
<div></div> <p align="center">COMMISSIONER FOR PATENTS:</p> <p>Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below.</p>					
CLAIMS AS AMENDED					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	16 -	20 =	0	x \$50.00	\$0.00
INDEP. CLAIMS	2 -	3 =	0	x \$200.00	\$0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00
<p><input checked="" type="checkbox"/> No additional fee is required for amendment.</p> <p><input checked="" type="checkbox"/> Please charge Deposit Account No. 19-0130 in the amount of \$0.00</p> <p><input type="checkbox"/> A check in the amount of to cover the filing fee is enclosed.</p> <p><input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account</p> <p><input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16.</p> <p><input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038.</p> <p>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</p>					
<div> Signature</div>			Dated: May 18, 2005		
Mark A. Wurm, IP Counsel Reg. 31,682 6600 Ladyslipper Lane Clifton, VA. 20124 E-mail: MarkWurm@cs.com Phone: 703-867-8334			<div><p>I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on</p><p>May 18, 2005 (Date)</p><div> Signature of Person Mailing Correspondence</div><p>Mark A. Wurm, IP Counsel Typed or Printed Name of Person Mailing Correspondence</p></div>		
cc:					

PATENT APPLICATION FEE DETERMINATION RECORD

Effective January 1, 2003

Application or Docket Number

10-608-168

CLAIMS AS FILED - PART I

	(Column 1)	(Column 2)
TOTAL CLAIMS	20	
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	20 minus 20 =	* 0
INDEPENDENT CLAIMS	3 minus 3 =	* 0
MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/>		

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

5/20/05

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	* 21	Minus ** 20	= 1
Independent	* 3	Minus *** 3	= 0
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

SMALL ENTITY TYPE ☐

OR OTHER THAN SMALL ENTITY

RATE	FEE
BASIC FEE	375.00
X\$ 9=	
X42=	
+140=	
TOTAL	

RATE	FEE
BASIC FEE	750.00
X\$18=	
X84=	
+280=	
TOTAL	750

SMALL ENTITY

OR OTHER THAN SMALL ENTITY

RATE	ADDITIONAL FEE
X\$ 9=	
X42=	
+140=	
TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE
X\$18=	50
X84=	
+280=	5
TOTAL ADDIT. FEE	50

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	*	Minus **	=
Independent	*	Minus ***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

RATE	ADDITIONAL FEE
X\$ 9=	
X42=	
+140=	
TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE
X\$18=	
X84=	
+280=	
TOTAL ADDIT. FEE	

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	*	Minus **	=
Independent	*	Minus ***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

RATE	ADDITIONAL FEE
X\$ 9=	
X42=	
+140=	
TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE
X\$18=	
X84=	
+280=	
TOTAL ADDIT. FEE	

- * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
 - ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
 - *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."
- The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.